

**FOREIGN
LIMITED PARTNERSHIP**

STATE OF MAINE

**NOTICE OF RESIGNATION
OF REGISTERED AGENT**

(Name of Limited Partnership)

☐ Names and addresses of additional limited partnerships are attached hereto as Exhibit _____, and made a part hereof.

Deputy Secretary of State

A True Copy When Attested By Signature

Deputy Secretary of State

Pursuant to [31 MRSA §494.4](#), the undersigned has resigned as the registered agent of the limited partnership(s) named herein and executes and delivers the following Notice of Resignation of Registered Agent:

FIRST: The name of its successor registered agent, an individual Maine resident or a corporation, foreign or domestic, authorized to do business or carry on activities in Maine, and the address of the new registered office shall be (if none, so indicate)

(name)

(physical location - street (not P.O. Box), city, state and zip code)

(mailing address if different from above)

A statement approving the change to the successor registered agent, executed by each affected limited partnership and signed by a general partner, is attached.

SECOND: There being no successor, the limited partnership was informed of the resignation on or about the date of filing of this certificate. Additionally, a copy of this notice has been sent by certified or registered mail to the registered or principal office of each limited partnership in the jurisdiction of its organization, as filed with the Secretary of State, from which the registered agent is resigning as registered agent. An affidavit to this effect, signed by the registered agent, is attached.

This resignation becomes effective upon filing this certificate with the Secretary of State.

Resigning Registered Agent*

DATED _____

(signature)

(type or print name)

For a Resigning Registered Agent which is a Corporation

Name of Corporation _____

By _____
(authorized signature)

(type or print name and capacity)

Note: If this document changes the Registered Agent and the new Registered Agent **does not** sign this form, then Form [MLPA-18 \(31 MRSA §494.2-A\)](#) must accompany this document.

The undersigned hereby accepts the appointment as registered agent for the above-named limited partnership(s).

Registered Agent

DATED _____

(signature)

(type or print name)

For Registered Agent which is a Corporation

Name of Corporation _____

By _____
(authorized signature)

(type or print name and capacity)

*Certificate **MUST** be signed by the **registered agent**.

The execution of this certificate constitutes an oath or affirmation under the penalties of false swearing under [17-A MRSA §453](#).

Please remit your payment made payable to the Maine Secretary of State.

**SUBMIT COMPLETED FORMS TO: CORPORATE EXAMINING SECTION, SECRETARY OF STATE,
101 STATE HOUSE STATION, AUGUSTA, ME 04333-0101**